Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

 Things to Remember

 - Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
  - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
  - Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
  - To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 General Section NOFA.
  - Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
  - New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
  - Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
  - HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2015 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/13/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: City of St. Louis

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-6003231

	c. Organizational DUNS:	620680223	PL US 4	

d. Address

Street 1: 1520 Market

Street 2: Suite 4065

City: St. Louis

County: St. Louis City

State: Missouri

Country: United States

Zip / Postal Code: 63103

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix:	Mr.
First Name:	Eddie
Middle Name:	
Last Name:	Roth
Suffix:	
Title:	Director
Organizational Affiliation:	City of St. Louis
Telephone Number:	(314) 612-5900
Extension:	
Fax Number:	(314) 612-5090
Email:	rothe@stlouis-mo.gov

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on ""View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

 When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

 For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	C. City or Township Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5900-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

14. Area(s) affected by the project (state(s) only):   Missouri
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HMIS Lead Services ICA

16. Congressional District(s):

a. Applicant: MO-001
b. Project: MO-001
(for multiple selections hold CTRL key)

17. Proposed Project
a. Start Date: 01/01/2016
b. End Date: 12/31/2016

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: | X |

21. Authorized Representative

Prefix:	Mayor
First Name:	Francis
Middle Name:	G.
Last Name:	Slay
Suffix:	
Title:	Mayor
Telephone Number: (Format: 123-456-7890)	(314) 622-3201
Fax Number: (Format: 123-456-7890)	(314) 622-4061

Email: slayf@stlouis-mo.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/13/2015

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the   icon. To view or update subrecipient information already listed, select the view   option.

Total Expected Sub-Awards: $100,000

Organization	Type	Sub-Award Amount
Institute for Community Alliances	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$100,000

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

rganizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required);

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Expected Sub-Award Amount: This field is required. Enter the expected sub-award amount.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

a. Organization Name: Institute for Community Alliances

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 42-1352902

		* d. Organizational DUNS:	149341732	PL US 4:	

e. Physical Address

Street 1: 1111 9th Street

Street 2: Suite 245

City: Des Moines

State: Iowa

Zip Code: 50314

f. Congressional District(s): MO-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $100,000

j. Contact Person

Prefix: Ms.

First Name: Sandy

Middle Name:

Last Name: Wilson

Suffix:

Title: Missouri Director

E-mail Address: sandy.wilson@icalliances.org

Confirm E-mail Address: sandy.wilson@icalliances.org
Phone Number: 573-298-6068
Extension:
Fax Number: 573-298-6241

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Institute for Community Alliances (ICA) is a 501c3 non-profit organization headquartered in Des Moines, Iowa. The organization was incorporated in 1990. ICA has an engaged board of directors that provide many additional years of expertise across several Human Service and other disciplines, including Community Actions Agencies, Youth Programs, State Government, Utilities programs and communications/advocacy.

ICA has been involved in HMIS lead and administration projects and activities since the inception of HMIS in 2001. ICA has functioned in this role for the Iowa statewide implementation from its inception in 2001 and has been the HMIS lead in Omaha, Nebraska since 2006. In 2014, ICA became the HMIS lead agency and system administrator for the Wisconsin statewide HMIS, as well as the Missouri Balance of State CoC multi-jurisdictional implementation. In 2015, ICA added continua in Alaska, Illinois, and Vermont. ICA is now the HMIS lead agency for 16 HUD Continua of Care in seven states; Alaska, Illinois, Iowa, Missouri, Nebraska, Vermont, and Wisconsin.

ICA has established itself as a performance leader in HMIS services. ICA believes in the value of data to inform program development and improved clients' services/outcomes. Our staff ensure that accurate data is entered into the system and, as importantly, accurate and useful reports are generated from the system for agency, local community and CoC use.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

ICA has received federal and state grant funding since its incorporation in 1990, with a primary focus on projects that provide assistance to homeless and low-income persons and has applied for and received HUD Continuum of Care (CoC) grants specifically for HMIS projects since 2003. ICA presently receives and directly administers seven HUD CoC HMIS grants that are renewed annually totaling over $1,250,000. In addition to receiving more than $1.25 million in HUD grants, ICA supports its numerous HMIS projects with diverse funding streams in order to make each project financially sustainable on a yearly basis. In Missouri, ICA has experience securing Missouri State Emergency Solutions Grant HMIS funds and Missouri Housing Development Commission Fund Balance HMIS funds, as well as securing CoC HMIS funds. In addition, ICA secures funds from other, non-CoC funded projects that are mandated to utilize HMIS. When possible it is preferable for ICA to secure funds directly from the grantor or unit of government requiring HMIS participation through a percentage allocation and formalized through a Memorandum of Understanding (MOU). When this is not possible the percentage allocation is received directly from the grantee, 1%, 1.5%, or 2% depending upon the volume of system usage by that grant project and the frequency of reporting required by the grantee. Some examples of other partner projects that should support HMIS costs:

* VA SSVF funds:
* SAMHSA PATH funds:
* FYSB Runaway and Homeless Youth Program (RHY) funds:
* HUD HOPWA funds:
* Special Projects funds:

When required and approved by the CoC, ICA can also implement a user fee structure where agencies are invoiced annually for user licenses assigned and in-use by their respective end users.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

ICA has developed a Management Team made up of project managers of each State project and the Executive Director, comprising 59 years of experience administering HMIS along with HMIS-dedicated Federal and State grants. The team meets monthly to discuss any internal or external issues related to HMIS, as well as fiscal updates and staffing concerns. The St. Louis City project will be directly managed by our Missouri Project Director.
To ensure financial accountability the ICA management team has a monthly fiscal meeting with our consulting accountant. The accountant examines each grant within each project to ensure that funds are appropriately utilized and grant requirements are being met. In addition the accountant reviews the work of our Bookkeeper and completes the Bank reconciliations. Additionally, ICA completes an A-133 audit each year and has maintained "low risk" auditee status for many years.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?   No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "9A. Notice of Intent to Appeal."

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2015 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1a. CoC Number and Name: MO-501 - St. Louis CoC

1b. CoC Applicant Name: City of St. Louis

2. Project Name: HMIS Lead Services ICA

3. Project Status: Standard

4. Component Type: HMIS

5. Is Energy Star used at one or more of the proposed properties? No

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2015 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" or "No."

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this

size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Provide a description that addresses the entire scope of the proposed project.

Institute for Community Alliances (ICA) would manage the transfer of the administration of HMIS from the predecessor HMIS Lead agency to ICA by working with the St. Louis City Department of Human Services. Administrative functions related to this transfer will be handled by the ICA management team and fiscal staff, with the Missouri Director as main contact person. The ICA management team will also recruit and hire staff to perform the system administration functions for the St. Louis City Continuum of Care (CoC) HMIS. Agency grant oversight and administration will originate from the Jefferson City, Missouri office with the Missouri Director being on-site on a regular basis.

Staffing - The preferred and ultimate plan involves the establishment of an office in St. Louis City. Two full-time system administrators (to be hired) will provide ongoing day-to-day training, technical assistance, and monitoring/reporting services.

Training – ICA will provides training and technical in a variety of mediums, including webinar, in-person classroom settings, one-on-one in-person sessions, and recorded training sessions.

Technical Assistance (TA) Provision – Accessing TA occurs on a first come, first serve basis. Generally agencies will have a main contact person, however all staff can respond to TA requests from any agency. ICA strives to have an initial response time within two hours. If an immediate solution cannot be provided, the system administrator will inform the agency of the steps that will be taken to address the issue.

Compliancy Monitoring - ICA views monitoring as an additional opportunity for technical assistance on an annual basis with each agency. After completing the evaluation, ICA staff conduct a post review meeting with management and go through any issues identified and corrective actions required. During post review meetings, ICA staff also provide information on any specific issues that will be included in the monitoring report to be submitted to the funding agency. In addition, ICA will provide the agency with a clear timeline for expected corrective actions from the agency undergoing the monitoring.

CoC Performance Monitoring - ICA provides oversight and actively manages the collection and reporting of all HUD report formats. This includes planning for and the implementation of, data collection and reporting for the HEARTH performance outcomes. Reports are run on a monthly or quarterly basis to monitor data completeness and performance throughout the year.

Point in Time (PIT) - ICA administers will prepare the data collection and reporting timeline, the required data collection tools, data collection guidelines and definitions, and training. ICA staff collects the PIT data from all agencies, reviews it for inconsistencies and validate accuracy for the PIT count and the Housing Inventory Chart (HIC).

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

January 2016:
Enter into Contract with City to begin duties of HMIS Lead
Introductory Meeting with CoC Agencies
Enter into business agreements with agencies
Assist Incumbent HMIS Lead with Sheltered PIT

January 2016 – December 2016:
Ongoing TA and Training
Ongoing Active Participation in the St. Louis CoC

February 2016
Hire dedicated HMIS system administrator
Establish St. Louis City Office

March 2016:
Review HMIS policies and Procedure

March - April 2016:
HDX Entry for PIT and HIC

March – December 2016:
Quarterly HMIS Users Meeting

3. Will your project participate in a CoC   Yes
        Coordinated Entry Process?

3C. HMIS Expansion

Instructions:

HMIS PROJECTS ONLY

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? (required) Select Yes or No to indicate whether or not the proposed project will increase the capacity or function of the CoC's existing HMIS..

2. Indicate the scope of the proposed expansion: If Yes was selected for question 1, explain in narrative form how the project will build off of the current capacity or function of the existing HMIS. Please describe both how the new funds will be incorporated into the framework of the existing project and how the expansion will allow the CoC to operate more broadly and/or efficiently.

One or more of the following four activities may constitute an HMIS expansion project and each option requires the recipient to provide further explanation for the option(s) it has chosen:
 - Replacing the loss of nonrenewable funding
 - Increase the # of participating HMIS agencies and/or programs
 - Increase geographic coverage of HMIS
 - Increase HMIS functionality related to service information
 If replacing the loss of non-renewable funding the applicant must answer what the non-renewable funding source, why the funds are non-renewable, the date the funds will expire, and what steps it is taking to obtain other funding sources.

If increasing the number of participating HMIS agencies and/or programs the applicant must identify the number of agencies and/or programs added according to the agencies and programs identified in the table. Additionally, the applicant must identify the expected increase in HMIS coverage by stating the current HMIS coverage rate per component type and identify the expected HMIS coverage rate that will result from awarding funds for this application.

If increasing the geographic coverage of HMIS the applicant must identify the additional geographies the HMIS is adding to its coverage.

If increasing HMIS functionality the applicant must describe the increased functionality.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS?	Yes
2. Indicate the scope of the proposed expansion: **Click 'Save' to update form.**	Increase HMIS functionality, Increase # of HMIS participating agencies and/or programs

If increasing HMIS functionality, respond to the following:

a) Describe the increased functionality.

This staffing structure will allow for focus on data quality through increased access to technical assistance and training. With HUD's performance measures now being clearly defined, staff will also be able to work with agencies to review their performance measures throughout the year. HMIS staff will be working with the CoC to identify the most efficient way to use HMIS in the process.

If increasing the number of participating agencies and/or programs, respond to the following:

a) Identify the additional participants in each of the following programs that will be added.

HUD - Continuum of Care Program (CoC)		5
HUD - Emergency Solutions Grant (ESG)		1
HUD - Housing Opportunities for Persons with AIDS (HOPWA)		
HHS - Projects for Assistance in Transition from Homelessness (PATH)		
HHS - Runaway and Homeless Youth Programs (RHY)		
VA		
Other		
Total		6

4A. HMIS Standards

Instructions:

Complete all fields on this form to indicate the proposed project's compliance with HMIS standards.

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? (required) Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in March 2010.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain why they are not currently in compliance and how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc): (required) Select Yes or No to indicate the ability for the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional resources:
Application Detailed Instructions (on left menu)
  https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/
    https://www.onecpd.info/coc/

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice?   Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc).   Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters.

3. Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC? Yes

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does the HMIS Lead have a security officer? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

4B. HMIS Training

Instructions:

Enter the date of the last training (mm/yyyy): (required) - Enter the date of the last training for the HMIS trainings identified in the list in the prescribed format (mm/yyyy). If there has been no training, please enter 00/0000.

Specify Other(s):   (optional) - enter up to 3 additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional Resources:
Application Detailed Instructions (on left menu)
https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/
https://www.onecpd.info/coc/

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 	
Activity	**Enter date of last training or proposed next training (mm/yyyy)**
Basic Computer Training	01/2016
HMIS Software Training for Sys Admin	01/2016
HMIS Software Training	01/2016
Data Quality Training	02/2016
Security Training	02/2016
Privacy/Ethics Training	03/2016
HMIS PIT Count Training	01/2016
Other (must specify)	
Reports Training	03/2016

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2017: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2017. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:
 - Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
 - Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
 - Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.
  Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2015 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2015 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will it be feasible for the project to be under grant agreement by September 30, 2017?   Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand
OR
is the project applying for funding through the permanent housing bonus?

Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate?

No

4. Select a grant term: 1 Year

HMIS | X |

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations:	1
(HIDDEN) Grant Term in Months, for use in calculations:	12
Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	
Rental Assistance (Hidden)	
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operations (Hidden)	
HMIS (Hidden)	X

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Costs associated with the acquisition of 2 computers/monitors for St. Louis City Dedicated Staff use. $1,000 per computer x2 ($2,000)	$2,000
2. Software		$0
3. Services		$0
4. Personnel	Salary costs for One (1) FTE HMIS System Administrator ($70,000) and Percentage of salary for ICA MO Director- .2 FTE ($12,000) and ICA Executive Director- .075 FTE ($8,700) for project oversight	$90,700
5. Space & Operations	Cost associated with the provision of office space for dedicated St. Louis City HMIS staff. Rent includes internet and phone services at $608.33 per 12 months. ($7,300)	$7,300
Total Annual Assistance Requested:		$100,000
Grant Term:		1 Year
Total Request for Grant Term:		$100,000

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$27,500
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$27,500

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$165,000
Total Value of All Commitments:	$165,000

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	Institute for Com...	10/19/2015	$27,500
Leverage	In-Kind	Private	United Way	10/16/2015	$12,000
Leverage	In-Kind	Government	Institute of Comm...	10/12/2015	$25,000
Leverage	In-Kind	Private	Institute for Com...	11/04/2015	$128,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded.   Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen with populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will this commitment be used towards match or leverage?	Match
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Institute for Community Alliances (ICA) will provide the cash resource – Utilizing city ESG funding and agency participation fees.
5. Date of Written Commitment:	10/19/2015
6. Value of Written Commitment:	$27,500

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen with populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will this commitment be used towards match or leverage?   Leverage

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)   United Way

5. Date of Written Commitment: 10/16/2015

6. Value of Written Commitment: $12,000

Sources of Match/Leverage Detail

Instructions:

   Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded.   Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

   Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

   Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

   Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

   Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

   Date of written commitment: Enter the date of the written contribution.

   Value of written commitment: Enter the total dollar value of the contribution

   The values entered on each detailed Match/Leverage screen with populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

    Additional Resources can be found at the HUD Exchange:
   https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will this commitment be used towards match or leverage?	Leverage
2. Type of commitment:	In-Kind
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Institute of Community Alliance will utilize Affordable Housing Trust Funds
5. Date of Written Commitment:	10/12/2015
6. Value of Written Commitment:	$25,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen with populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will this commitment be used towards match or leverage? Leverage

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Institute for Community Alliances (ICA) will commit In-kind contributions from participating HMIS agencies.

5. Date of Written Commitment: 11/04/2015

6. Value of Written Commitment: $128,000

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "9. Admin (Up to 10%)."the "Total Requested for Grant Term for Admin."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
2a. Leased Units	$0	1 Year	$0

2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$0	1 Year	$0
4. Supportive Services	$0	1 Year	$0
5. Operating	$0	1 Year	$0
6. HMIS	$100,000	1 Year	$100,000
7. Sub-total Costs Requested			$100,000
8. Admin (Up to 10%)			$0
9. Total Assistance Plus Admin Requested			$100,000
10. Cash Match			$27,500
11. In-Kind Match			$0
12. Total Match			$27,500
13. Total Budget			$127,500

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 Letter	10/26/2015
3) Other Attachment(s)	No	HMIS Lead ICA Forms	11/13/2015
2) Other Attachment(s)	No	HMIS Lead ICA Mat...	11/13/2015

Attachment Details

Document Description: 501c3 Letter

Attachment Details

Document Description: HMIS Lead ICA Forms

Attachment Details

Document Description: HMIS Lead ICA Match and Leverage

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Francis Slay

Date: 11/13/2015

Title: Mayor

Applicant Organization: City of St. Louis

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).   X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/26/2015
1E. Compliance	10/26/2015
1F. Declaration	10/26/2015
2A. Subrecipients	11/08/2015
2B. Experience	11/06/2015
3A. Project Detail	10/26/2015
3B. Description	11/06/2015
3C. HMIS Expansion	11/11/2015
4A. HMIS Standards	10/26/2015
4B. HMIS Training	10/26/2015
7A. Funding Request	10/26/2015
7H. HMIS Budget	11/08/2015
7I. Match/Leverage	11/06/2015
7J. Summary Budget	No Input Required
8A. Attachment(s)	11/13/2015
8B. Certification	10/29/2015

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: April 25, 2015

INSTITUTE FOR COMMUNITY ALLIANCES
IOWA INSTITUTE FOR COMMUNITYALLIANC
1111 9TH ST STE 245
DES MOINES, IA 50314

Person to Contact: #0196814
  Ms. Benjamin
Toll Free Telephone Number:
  877-829-5500
Employer Identification Number:
  42-1352902

Dear Sir or Madam:

This is in response to your March 12, 2015 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1991.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,

Tamera Ripperda
Director, Exempt Organizations

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☑ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code):

City of St. Louis 1520 Market Suite 4065 St. Louis MO, 63103 (314) 612-5900

2. Social Security Number or Employer ID Number:

436003231

3. HUD Program Name

HUD COC Homeless Assistance Competition

4. Amount of HUD Assistance Requested/Received

$100,000

5. State the name and location (street address, City and State) of the project or activity:
HMIS Lead Services ICA 1111 9th Street Suite 245 Des Moines Iowa 50314

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☑ Yes   ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes   ☑ No.

If you answered "**No**" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).
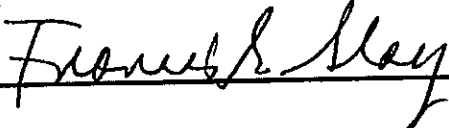
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity ($ and %)
N/A			

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

Signature:

x _Francis L. May_

Date: (mm/dd/yyyy)

11/12/2015

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
▓▓▓▓▓▓▓▓▓▓	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of St. Louis

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
43-6003231	6206802230000

d. Address:

* Street1: 1520 Market

Street2: Suite 4065

* City: St. Louis

County/Parish:

* State: MO: Missouri

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 63103

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: | * First Name: Eddie

Middle Name:

* Last Name: Roth

Suffix:

Title:

Organizational Affiliation: .

* Telephone Number: (314) 657-1650	Fax Number:

* Email: rothe@stlouis-mo.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

FR-5900-N-25

* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

[Add Attachment] [Delete Attachment] [View Attachments]

* 15. Descriptive Title of Applicant's Project:

Continuum of Care Homeless Assistance Competition FY 2015 City of St. Louis

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Delete Attachments] [View Attachments]

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant   MO-001   * b. Program/Project   MO-001

Attach an additional list of Program/Project Congressional Districts if needed.

[Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

* a. Start Date: 01/01/2016   * b. End Date: 12/31/2016

18. Estimated Funding ($):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on [ ].

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes   ☒ No

If "Yes", provide explanation and attach

[Add Attachment] [Delete Attachment] [View Attachment]

21.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	* First Name: Francis
Middle Name:	G.
* Last Name:	Slay
Suffix:	

* Title: Mayor

* Telephone Number: (314) 622-3201   Fax Number: slayf@stlouis-mo.gov

* Email: slayf@stlouis-mo.gov

* Signature of Authorized Representative: *(signature)*   * Date Signed: 11/12/15

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: City of St. Louis

Applicant's DUNS Number: 620680223

Grant Name: FY 2015 Continuum of Care   **CFDA Number:** 14.267

---

1. Does the applicant have 501(c)(3) status?

   ☐ Yes   ☑ No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

   ☐ 3 or Fewer   ☐ 15-50
   ☐ 4-5   ☐ 51-100
   ☐ 6-14   ☑ over 100

3. What is the size of the applicant's annual budget?

   (Check only one box.)

   ☐ Less Than $150,000

   ☐ $150,000 - $299,999

   ☐ $300,000 - $499,999

   ☐ $500,000 - $999,999

   ☐ $1,000,000 - $4,999,999

   ☑ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

   ☐ Yes   ☑ No

5. Is the applicant a non-religious community-based organization?

   ☐ Yes   ☑   No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

   ☑ Yes   ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

   ☑ Yes   ☐ No

8. Is the applicant a local affiliate of a national organization?

   ☐ Yes   ☑ No

SF 424 Supplement

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money your organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, Washington, D.C. 20410.**

If you have comments or concerns regarding the status of your individual submission of this form, write directly to the address above.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.

(Type or clearly print the following information:)

Applicant Name: City of St. Louis
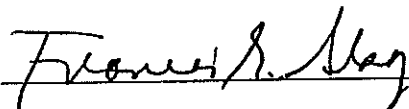
Project Name: See attached list

Location of the Project: Scattered sites in St. Louis

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: City of St. Louis

Certifying Official of the Jurisdiction Name: Francis G. Slay

Title: Mayor

Signature: *(signature)*

Date: November 12, 2015

form HUD-2991 (3/98)

Project Names List

Project Name	Applicant Organization
CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health

Certification for a Drug-Free Workplace

Applicant Name

City of St. Louis

Program/Activity Receiving Federal Grant Funding

Department of Homeless Services

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

---

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attached List

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Francis G. Slay	Mayor

Signature	Date
X _Francis G. Slay_	November 12, 2015

FY2015 Continuum of Care
City of St. Louis Drug Free Workplace Sites

Applicant Organization	Project Name	Address
City of St. Louis	CoC Planning	1520 Market Suite 4065 St. Louis MO, 63103
City of St. Louis	Covenant House Transitional Housing Program	2727 North Kings Highway St. Louis MO 63113
City of St. Louis	Depaul USA Project MORE	2904 Arsenal St. Louis MO 63118
City of St. Louis	Depaul USA Project PLUS	2904 Arsenal St. Louis MO 63118
City of St. Louis	Doorways Delmar	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Jumpstart	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Maryland	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Employment Connections Project Homecoming	2838 Market Street St. Louis MO 63103
City of St. Louis	Gateway 180 Rapid Rehousing	1000 North 19th Street St. Louis MO 63106
City of St. Louis	HMIS Lead Services ICA	1111 9th Street Suite 245 Des Moines Iowa 50314
City of St. Louis	Humanitri Transitional Housing Program	1447 East Grand Avenue St. Louis MO 63107
City of St. Louis	Places for People Housing for the Future of Families	4130 Lindell St. Louis MO 63108
City of St. Louis	Queen of Peace St. Philippine Home	325 North Newstead Ave St. Louis MO 63108
City of St. Louis	St. Louis Transitional Hope House Program	1611 Hodiamont Avenue St. Louis MO 63112
City of St. Louis	St. Patrick Center Employment Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Project Protect Housing	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Rosati House	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Permanent Supportive Housing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Rapid ReHousing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	The Bridge Outreach: Coordinated Entry	1610 Olive St. Louis MO 63103
City of St. Louis	YWCA Phyllis Wheatley Transitional Housing Program	3820 West Pine Mall Blvd St. Louis MO 63108
Missouri Department of Mental Health	2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCY (STL City Shelter Plus Care Renewal SPC)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	1706 E Elm Jefferson City MO 65102

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
b a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	**b** a. bid/offer/application b. initial award c. post-award	**a** a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☒ Prime ☐ Subawardee Tier _____ , if known: Congressional District, if known: MO-001	N/A Congressional District, if known:

6. Federal Department/Agency:	7. Federal Program Name/Description:
HUD	CoC CFDA Number, if applicable: 14.267

8. Federal Action Number, if known:	9. Award Amount, if known:
N/A	$

10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):
N/A	N/A

11.	Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _Francis G. Slay_

Print Name: Francis G. Slay

Title: Mayor

Telephone No.: (314) 622-3201   Date: 11-12-15

Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

FY2015 Continuum of Care
City of St. Louis Disclosure of Lobbying Activities

Project Names List

Project Name	Applicant Organization
CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health

Alan O. Freeman, MBA, FACHE
President & Chief Executive Officer

1717 Biddle Street
St. Louis, Missouri 63106
OFFICE: 314.814.8511
MOBILE: 314.442.1647

afreeman@affiniahealthcare.org

AFFINIA
HEALTHCARE

Inspired by the Patients We Serve

October 29, 2015

Kathleen Beach, Executive Director
Gateway180
1000 N. 19th Street
Saint Louis Mo 63106

RE: Leverage for Rapid Rehousing

Dear Kathleen:

This is to certify that Affinia Healthcare will provide medical, dental, and behavioral health services equaling an estimated value of $2,151.32 per participant. The program will provide services for approximately 20 adults and 30 children who will be clients in a Rapid Rehousing Program administered through Gateway 180, a family shelter in St. Louis, MO.

The value of this service is equal to $107,566.00 for 50 individuals receiving a typical amount of care over the course of a year. These services will be available to your clients beginning April 1, 2016 through March 31, 2017.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,

Alan O. Freeman
President and CEO

MAIN PHONE: 314.898.1700   1717 Biddle Street   2220 Lemp Avenue   Behavioral Health at BJC
APPOINTMENT: 314.814.8700   St. Louis, Missouri 63106 St. Louis, Missouri 63104 1430 Olive Street, Suite 500
                                                                                    St. Louis, Missouri 63103
affiniahealthcare.org   3930 South Broadway   4414 North Florissant
                               St. Louis, Missouri 63118 St. Louis, Missouri 63107

Affinia Healthcare is an
equal opportunity employer.

BJC Behavioral Health

BJG HealthCare

November 2, 2015

Kathleen Beach, Executive Director
Gateway180
1000 N. 19th Street
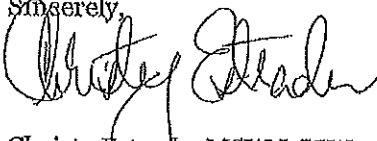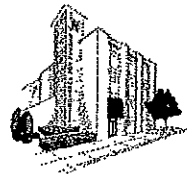Saint Louis Mo 63106

RE: Leverage for Rapid Rehousing

Dear Kathleen:

This is to certify that BJC will provide behavioral health services equaling an estimated value of $7,000 per participant who qualifies for our outpatient mental health care. The program will provide services for approximately 20 adults who will be clients in a Rapid Rehousing Program administered through Gateway 180, a family shelter in St. Louis, MO.

The value of this service is equal to $140,000. These services will be available to your clients beginning April 1, 2016 through March 31, 2017.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,

Christy Estrada, MSW LCSW
Clinical Supervisor
Shelter Outreach Services

October 30, 2015

Kathleen Beach
Executive Director
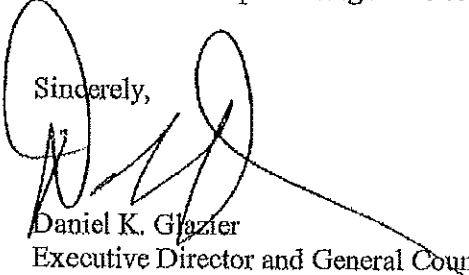Gateway180
1000 N. 19th Street
Saint Louis Mo 63106

Dear Kathleen:

As members of our St. Louis City Continuum of Care, our organizations have partnered together for many years to address the needs of individuals and families in crisis. Legal Services of Eastern Missouri (LSEM) is pleased to continue this partnership by providing civil legal services to clients of Gateway 180's Rapid Rehousing program.

Between April 1, 2016 and March 31, 2017, LSEM anticipates that it will provide $7,500 worth of legal services to Rapid Rehousing clients of Gateway 180. LSEM expects to provide services to 10 clients during this period at an average of 7.5 hours of service per client at a professional rate of $100.00 per hour.
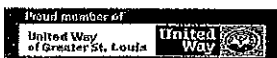
LSEM has an established relationship with Gateway 180 which will continue as long as funding permits LSEM to provide supportive legal services to those experiencing homelessness in our community.
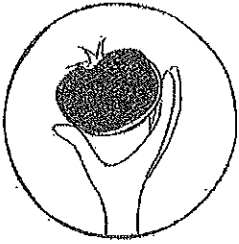
Sincerely,

Daniel K. Glazier
Executive Director and General Counsel

Proud member of
United Way
of Greater St. Louis

Daniel K. Glazier, Executive Director and General Counsel
Legal Services of Eastern Missouri is proud to be a Legal Services Corporation (LSC) grantee,
and we comply with all LSC conditions and prohibitions in acceptance of all funds.

LSC

OPERATION
FOOD
SEARCH

October 31, 2015

Kathleen Beach, Executive Director
Gateway180
1000 N. 19th Street
Saint Louis Mo 63106

Dear Kathleen:

Operation Food Search of St. Louis, MO would like to participate in the Rapid Rehousing project with Gateway180 April 1, 2016 – March 31, 2017.

Operation Food Search will provide the donation of foods to be used and distributed for participants of the Rapid Rehousing Program. We will be donating foods that will have a total value of $75,000 and above.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,

Julia Fuller, MSW
Agency Relations Coordinator
Operation Food Search.
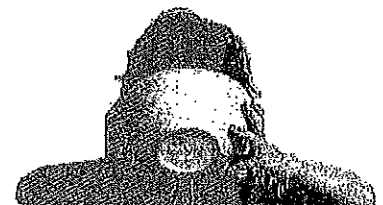
6282 Olive Boulevard . St. Louis, MO 63130
(p) 314.726.5355 . (f) 314.726.9945
www.OperationFoodSearch.org
Operation Food Search, Inc. is a non-profit 501(c)(3) corporation. Contributions are tax deductible.